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Adolescents in planned lesbian families in the U.S. and the Netherlands: Stigmatization, psychological adjustment, and resilience

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CHAPTER

6

The Achenbach Youth Self-Report
Instrument: Comparison of Adolescents
Reared by Lesbian and Heterosexual
Parents



6. The Achenbach Youth Self-Report Instrument: comparison of adolescents reared by lesbian and heterosexual parents⁵

Abstract

The aims of this study were to compare the psychological adjustment of Dutch adolescents in planned lesbian families with those of matched teenagers in heterosexual families, and to study whether homophobic stigmatization was associated with psychological adjustment. To fulfill these aims, data from the Dutch Longitudinal Lesbian Family Study (DLLFS) were used. DLLFS adolescents with lesbian mothers were matched on gender, age, parental ethnicity, parental education, and parental relationship status with a randomly selected sample of adolescents in heterosexual families from 35 municipal registries in the Dutch province of Zuid-Holland. This resulted in a sample of 142 adolescents with a mean age 15.97 years. Psychological adjustment was measured by means of the Achenbach Youth Self-Report instrument. A 14-item instrument was used to collect information from the DLLFS adolescents about the occurrence of stigmatization related to their mothers' lesbianism. Results of a multivariate analysis showed a significant main effect for group, Wilks' $\Lambda = .745$, $F(13,120) = 3.16$, $p < .001$. Additional contrast analyses revealed that the adolescents from planned lesbian families had lower total problem behavior scores than the adolescents from heterosexual-parented families ($p < .001$). For the adolescents with lesbian mothers, medium Pearson correlations (correlation coefficients > 0.30 , p values $< .004$) were found between self-reports of stigmatization and 5 subscales of the Youth Self-Report: social problems, rule-breaking behavior, aggressive behavior, externalizing behavior, and total problem behavior. The conclusion of this study was that although homophobic stigmatization was associated with problem behaviors on the Youth Self-Report, as a group, Dutch adolescents with lesbian parents demonstrated fewer behavioral problems than their counterparts reared by heterosexual parents.

⁵ This chapter is based on Van Gelderen, L., Bos, H.M.W., Gartrell, N., & Hermanns, J. (July, 2012). The Achenbach Youth Self-Report Instrument: Comparison of Adolescents Reared by Lesbian and Heterosexual Parents. *Submitted to Journal of Health Psychology.*

6.1 Introduction

Various international studies have shown that children growing up in same-sex-parent families are comparable to their counterparts in heterosexual-headed families in terms of problem behavior and well-being (Bos et al., 2007; Bos & van Balen, 2008; Brewaeyts et al., 1997; Flaks et al., 1995; MacCallum & Golombok, 2004; Patterson, 2006). However, most of these studies focused on young children; only a few concentrated on the psychological adjustment of adolescents raised in families in which the lesbian mothers came out before their children were born (hereafter referred to as planned lesbian families). Adolescence is an important transitional life phase in which, along with biological and cognitive changes, the social context changes dramatically (Santrock, 2008). The beliefs and attitudes of individuals outside the family become increasingly important (Harris, 1995; Rivers et al., 2008). It is also a time in which the offspring in same-sex-parent families develop a keener awareness of their minority status, which makes them more vulnerable to stigmatization (Baumrind, 1995). It is therefore important to study a) whether the psychological adjustment of adolescents from lesbian-headed families differs from that of adolescents from heterosexual families, and b) whether stigmatization is related to the psychological adjustment of adolescents with lesbian parents.

In 2010, a British study found that adolescents in female-headed households (solo-mother families and lesbian-mother families) had higher levels of self-esteem and lower levels of anxiety, depression, hostility, and problematic alcohol use than those in heterosexual-headed families. There were no differences between adolescents from single-mother and lesbian-mother families on any of these variables (Golombok & Badger, 2010).

The remaining studies in which the psychological well-being of adolescents in planned lesbian families was compared with that of adolescents in heterosexual families used data from the U.S. National Longitudinal Family Study (NLLFS). Based on Achenbach's Child Behavior Checklists (CBCL; Achenbach, 1991) completed by their mothers, the U.S. NLLFS 17-year-olds were found to have higher social, academic, and total competence, less rule breaking, aggressive, and externalizing problem behavior, and fewer social problems than age-matched adolescents from Achenbach's normative sample of American youth (Gartrell & Bos, 2010). In addition, the U.S. NLLFS adolescents rated their quality of life comparably to their counterparts in mother-father families (Van Gelderen, Bos, Gartrell, Hermanns, & Perrin, 2012). With regard to substance use, when compared, the U.S. NLLFS adolescents were no more likely to report problematic substance use than matched peers from the 2008 Monitoring the Future national probability survey (Goldberg, Bos, & Gartrell, 2011). Furthermore, NLLFS adolescents who had experienced stigmatization had more psychological problem behavior, more psychological health problems, and less life satisfaction than their NLLFS counterparts who had not experienced stigmatization (Bos &

Gartrell, 2010; Gartrell & Bos, 2010; Van Gelderen, Gartrell, Bos, & Hermanns, 2012).

However, none of these studies on adolescent offspring measured psychological health problems by means of the Achenbach Youth Self-Report instrument (YSR; Achenbach & Rescorla, 2001). The YSR is one of the most commonly used instruments to measure psychological health problems in adolescents (Ivanova et al., 2007). In addition, no studies on adolescents with lesbian mothers have been conducted in countries other than the U.S. and the U.K.

In this study, we used the YSR to compare the psychological adjustment of adolescents in Dutch planned lesbian families with those of matched Dutch teenagers in heterosexual families. We also studied whether experiences of stigmatization were associated with the YSR scores of the Dutch adolescents with lesbian parents.

6.2 Method

The Dutch Longitudinal Lesbian Family Study (DLLFS) was initiated in 2000. It was the first study to focus on parental characteristics, child-rearing, and child development in a group of 100 Dutch planned lesbian families. Data were collected in three waves—when the children were on average 5.8 years old (T1), 9.9 years old (T2), and 16.6 years old (T3). The present study focused on data from T3.

6.2.1 Procedure

The participating lesbian families were recruited via the Medical Center for Birth Control (a Dutch center that provides donor insemination services to clients regardless of their sexual orientation and relationship status), various experts in the area of gay and lesbian parenting (snowball method), and an advertisement in a lesbian magazine. Only those families in which 1) the children had been raised in the lesbian family since birth, 2) one of the children (the target child) was between 4 and 8 years old, and 3) both parents were Dutch were considered eligible for enrollment at T1. This resulted in 100 participating lesbian families. The screening procedures and results are described in more detail elsewhere (Bos et al., 2004).

At T3, the mothers and adolescents from the lesbian families that had participated at T1 and T2 received a letter inviting them to participate in the third wave. The letter provided information about the T3. Eighty-two families were willing to participate (retention rate = 83%). These lesbian families were comprised of 87 adolescent offspring and 150 mothers (79 biological mothers and 71 co-mothers). When written consent had been obtained from the mothers for their own participation and for that of their offspring, at least one mother in each family received a link to a password-protected online questionnaire. The adolescents also received an email with a link to a password-

protected online questionnaire. After the adolescent participants had completed the first questionnaire, they received a second link to another password-protected online questionnaire. If needed, participants received a paper-and-pencil version of the questionnaires.

Because the study was a non-intervention study, it did not need formal medical ethical approval according to Dutch Law (Central committee on research involving human subjects, 2002). The Netherlands Organization for Scientific Research (NWO) funded the first wave of the DLLFS and approved the proposed study procedures.

6.2.2 Study Population

Adolescents were excluded from the analysis if they were older than 19 years and/or had not completed the YSR. This yielded an analytic sample of 71 adolescent offspring of lesbian parents (39 girls and 32 boys), with a mean age of 15.98 years ($SD = 1.33$). Ninety-two percent of the DLLFS adolescents ($n = 65$) were being raised by lesbian mothers who were born in the Netherlands, and 93% ($n = 66$) had a mother with at least a college education. Eighty percent of the adolescents' mothers ($n = 57$) were still together, and the remaining 20% ($n = 14$) had separated (see Table 6.1).

6.2.3 Measurements

Psychological Adjustment. Data on the adolescents' psychological adjustment were obtained through the YSR (Achenbach, 1991; Verhulst, Van der Ende, & Koot, 1997). This instrument was developed to measure competence skills and behavior problems during the six months prior to YSR completion. The YSR is widely used as a measure of psychological adjustment in youth, and it has established reliability and validity (Achenbach & Rescorla, 2001; Groot, Koot, & Verhulst, 1996; Verhulst et al., 1997).

The YSR is comprised of two sections. First, adolescents are queried in three areas of competence: activities, social, and school/academic. The scores on these three competence scales were summed to form the total competence score. Higher scores represent higher competences. The second section focuses on behavioral and emotional problems, and consists of 112 items. Two examples of these items are: "I feel lonely" and "I am mean to others." These problem items are scored on a 3-point Likert scale (0 = *not true for me*, 1 = *somewhat true for me*, 2 = *very true for me*). The adolescents' responses to these items are scored on eight empirically based syndrome scales: anxious/depressed, withdrawn/depressed, somatic complaints, social problems, rule-breaking behavior, and aggressive behavior. The first three syndrome scale scores (the anxious/depressed, withdrawn/depressed, and somatic complaints scales) are summed to form the internalizing broadband scale score, the last two (the rule-breaking behavior and aggressive behavior scales) are

summed to form the externalizing broadband scale score. All items can be summed to compute the broadband scale total problem behavior score. Cronbach's alpha ranged from .62 (social problems) to .89 (total problem behavior).

Stigmatization. A 14-item instrument was used to collect information from the DLLFS adolescents about the occurrence of stigmatization related to their mothers' lesbianism. This instrument is an adapted version of the child version used at T2 of the DLLFS (see for details: Bos et al., 2004). The following are two examples of the items used: "Peers used abusive language towards me" and "Peers asked annoying questions". We added five items to cover indirect forms of aggression, such as, "Peers have hit me" and "Peers have sent me nasty anonymous electronic messages, for example mobile phone text messages or emails" (Owens, Daly, & Slee, 2005). It was explicitly mentioned that all incidents must have been related to being raised by (a) lesbian mother(s). The DLLFS adolescents were asked to indicate on a 3-point scale (0 = *never*, 3 = *often*) how often the various forms of stigmatization had occurred in the previous year. An overall score on stigmatization was obtained by taking the means of all items. A high score on this scale indicated more experience with stigmatization. Cronbach's alpha was .79.

6.2.4 Comparison Group

We constructed a comparison group of adolescents reared by opposite-sex parents using data from the Zuid-Holland Longitudinal Study (Z-HLS), a randomly selected adolescent sample from the municipal registers of 35 municipalities in the Dutch province of Zuid-Holland (Tick, Van der Ende, & Verhulst, 2007; Tick, Van der Ende, & Verhulst, 2008). A total of 1710 families participated in this study in 2003; 810 adolescents (11- to 18-year-olds) from these families completed the YSR.

This group of 810 adolescents was used for 1:1 matching with the DLLFS adolescents on gender, age, parental ethnicity, parental education (highest degree held by the parents), and parental relationship status (continuous relationship or separated). Each first matching on all these variables was used as a comparison adolescent for each DLLFS adolescent. This resulted in a sample of 71 Z-HLS adolescents (39 girls and 32 boys; mean age = 15.97) who had been raised by a father and a mother. Our 1:1 matching was done successfully: There were no significant differences in gender, age, parental ethnicity, parental education, or parental relationship status between the DLLFS and the Z-HLS sample (Table 6.1).

Table 6.1 Demographic Characteristics of the DLLFS Adolescents and Z-HLS Adolescents.

Characteristics	DLLFS Sample	Z-HLS Sample	DLLFS versus Z-HLS
Adolescent Sample Size	<i>N</i> = 71	<i>N</i> = 71	
Adolescent Gender			$\chi^2 < 1$, <i>ns</i>
Girls, <i>n</i> (%)	39 (54.9)	39 (54.9)	
Boys, <i>n</i> (%)	32 (45.1)	32 (45.1)	
Adolescent Age <i>M</i> (<i>SD</i>)	15.98 (1.33)	15.96 (1.35)	<i>t</i> = .08, <i>ns</i>
Parental Ethnicity ^a			$\chi^2 = .43$, <i>ns</i>
Dutch	65 (91.5)	67 (94.4)	
Mixed ^b	6 (8.5)	04 (5.6)	
Parental Educational Level ^{a,c}			$\chi^2 < 1$, <i>ns</i>
College degree or higher, <i>n</i> (%)	66 (93.0)	66 (93.0)	
Less than college degree, <i>n</i> (%)	5 (7.0)	5 (7.0)	
Parental Relationship Status ^a			$\chi^2 = .05$, <i>ns</i>
Continuous couple, <i>n</i> (%)	57 (80.3)	58 (81.7)	
Separated, <i>n</i> (%)	14 (19.7)	13 (18.3)	

^aBased on the parental report. ^bFor the DLLFS sample: 3 Dutch/Indonesian couples, 1 Dutch/ Other Western, and 2 Dutch / Other Non-Western. For the Z-HLS sample: 2 Dutch/Indonesian couples, 1 Dutch/Other Western and 1 Dutch/Non-Western. ^cBased on the parental report with the highest educational level.

6.2.5 Statistical Analyses

To examine whether the selected Z-HLS sample differed from the total Z-HLS sample on any YSR scale, we performed a multivariate analysis of variance (MANOVA) with the four social competence scales, eight syndrome scales, and three broadband scales as dependent variables. There were no differences between the selected and the total Z-HLS sample on any of the scales, Wilks' $\Lambda = .018$, $F(12,788) = 1.23$, $p = .257$.

To compare psychological adjustment between the DLLFS and the Z-HLS sample, a 2 (sample: 1 = DLLFS and 2 = Z-HLS) by 2 (gender: 1 = girl, 2 = boy) MANOVA was conducted with the four social competence scales, the eight syndrome scales, and the three broadband scales as dependent variables.

Pearson correlations were calculated to investigate whether the DLLFS adolescents' stigmatization experiences, as reflected in the scores on the stigmatization scale, were related to each of the above YSR subscales. To adjust for Type 1 errors, statistical significance was set at $p < .004$ (based on the Bonferroni correction).

6.3 Results

6.3.1 *Comparison between the DLLFS and the Z-HLS sample*

The mean scores on the four competence scales, eight syndrome scales, and three broadband scales are shown in Table 6.2 for the DLLFS and the Z-HLS samples. A significant multivariate main effect was found for group, Wilks' $\Lambda = .250$, $F(13,120) = 27.75$, $p < .001$, and for gender, Wilks' $\Lambda = .745$, $F(13,120) = 3.16$, $p < .001$, but not for the interaction between group and gender, Wilks' $\Lambda = .883$, $F(13,120) = 1.22$, $p = .274$. Contrast analyses revealed that the DLLFS adolescents had lower scores on total problem behavior than the Z-HLS adolescents. A second set of contrast analyses indicated that the gender effect was localized to anxious/depressed, somatic complaints, thought problems, internalizing problems, and total problems. On these scales, girls from the DLLFS and the Z-HLS samples reported more problems than the boys from both samples (Table 6.2).

6.3.2 *Comparison within the DLLFS sample: Psychological Adjustment and Stigmatization*

Because the aforementioned analyses showed that the gender differences were the same for the DLLFS and the Z-HLS samples, we decided to perform the within-group analyses with girls and boys as one group. The mean score on the stigmatization scale was 1.11 ($SD = .16$; answers ranged from 1.00 to 1.93). We found medium Pearson correlations (correlation coefficients > 0.30 , p values $< .004$) between stigmatization experiences and 5 subscales of the YSR: the syndrome scales social problems, rule-breaking behavior, and aggressive behavior, and the broadband scales externalizing behavior and total problem behavior (Table 6.3). Higher scores on the stigmatization scale were related to higher scores on these five YSR subscales for the adolescent offspring in planned lesbian families.

Table 6.2 Mean Scores (\pm SE) and 95% confidence intervals of adolescent scores on Youth Self Report for DLLFS and Z-HLS Samples.

Variable	DLLFS Adolescent Sample			Z-HLS Adolescent Sample			Group		Gender		GroupxGender	
	Total	Girls	Boys	Total	Girls	Boys	F	p	F	p	F	p
Competence Scales ^a												
Activities	8.00 \pm .34	8.31 \pm .45	7.70 \pm .50	8.68 \pm .34	8.89 \pm .47	8.47 \pm .50	1.98	.16	1.17	.28	.04	.84
95% CI	7.34-8.67	7.41-9.22	6.70-8.69	8.01-9.35	7.96-9.82	7.48-9.46						
Social	8.52 \pm .24	8.08 \pm .35	8.97 \pm .31	8.58 \pm .24	8.64 \pm .36	8.42 \pm .31	<.01	.99	.96	.33	2.63	.11
95% CI	8.05-9.00	7.38-8.78	8.35-9.59	8.05-9.01	7.92-9.36	7.80-9.04						
School/academic	2.13 \pm .05	2.07 \pm .07	2.19 \pm .07	2.12 \pm .05	2.08 \pm .07	2.16 \pm .07	<.01	.96	2.15	.15	.10	.76
95% CI	2.03-2.22	1.94-2.20	2.05-2.32	2.03-2.22	1.95-2.17	2.02-2.30						
Total Competence	18.65 \pm .49	18.46 \pm .71	18.85 \pm .65	19.33 \pm .49	19.61 \pm .73	19.05 \pm .65	.96	.33	.02	.90	.48	.49
95% CI	17.69-19.62	17.05-19.87	17.57-20.13	18.36-20.30	18.16-21.06	17.77-20.33						
Syndrome Scales ^b												
Anxious/Depressed	3.51 \pm .42	4.90 \pm .63	2.13 \pm .53	4.55 \pm .43	5.61 \pm .65	3.48 \pm .53	2.96	.09	16.49	<.001 ^c	.28	.60
95% CI	2.68-4.35	3.64-6.15	1.06-3.19	3.70-5.40	4.32-6.90	2.42-4.55						
Withdrawn/Depressed	2.63 \pm .26	3.13 \pm .36	2.13 \pm .38	3.08 \pm .27	3.03 \pm .37	3.13 \pm .38	1.45	.23	1.47	.23	2.20	.14
95% CI	2.11-3.15	2.42-3.84	1.37-2.89	2.56-3.60	2.30-3.76	2.37-3.89						
Somatic Complaints	2.74 \pm .32	4.13 \pm .51	1.36 \pm .32	2.64 \pm .32	3.50 \pm .53	1.77 \pm .32	.06	.81	24.96	<.001 ^d	1.36	.25
95% CI	2.12-3.37	3.11-5.15	.72-1.99	2.00-3.27	2.45-4.55	1.14-2.41						
Social Problems	3.17 \pm .29	3.63 \pm .38	2.71 \pm .44	2.99 \pm .29	3.17 \pm .39	2.81 \pm .44	.20	.65	2.46	.12	.47	.49
95% CI	2.60-3.74	2.88-4.38	1.83-3.59	2.41-3.56	2.40-3.94	1.93-3.68						
Thought Problems	3.00 \pm .31	3.68 \pm .47	2.32 \pm .40	3.08 \pm .32	3.64 \pm .48	2.52 \pm .40	.03	.87	7.71	.006 ^e	.07	.79
95% CI	2.38-3.63	2.75-4.62	1.53-3.11	2.45-3.71	2.68-4.60	1.73-3.31						
Attention Problems	5.08 \pm .33	5.00 \pm .40	5.16 \pm .53	5.18 \pm .33	5.36 \pm .41	5.00 \pm .53	.05	.83	.05	.83	.31	.58
95% CI	4.43-5.73	4.20-5.80	4.10-6.23	4.52-5.84	4.54-6.19	3.94-6.06						
Rule Breaking Behavior	3.97 \pm .40	3.53 \pm .49	4.42 \pm .64	4.53 \pm .40	4.42 \pm .51	4.65 \pm .64	.98	.33	.99	.32	.35	.56
CI 95%	3.19-4.76	2.55-4.51	3.14-5.70	3.74-5.33	3.41-5.42	3.37-5.92						
Aggressive Behavior	4.79 \pm .49	4.55 \pm .59	5.03 \pm .80	5.16 \pm .49	5.44 \pm .61	4.87 \pm .80	.28	.60	.01	.95	.58	.45
CI 95%	3.83-5.76	3.37-5.73	3.43-6.63	4.18-6.14	4.23-6.66	3.27-6.47						

Table 6.2 Mean Scores (\pm SE) and 95% confidence intervals of adolescent scores on Youth Self Report for DLLFS and Z-HLS Samples (cont).

Broadband Scales ^b												
Internalizing	8.89 \pm .81	12.16 \pm 1.21	5.61 \pm 1.01	10.26 \pm .82	12.14 \pm 1.24	8.39 \pm 1.01	1.44	.23	20.12	<.001 ^f	1.48	.23
95% CI	7.29-10.48	9.75-14.56	3.60-7.63	8.65-11.88	9.67-14.61	6.37-10.40						
Externalizing	11.26 \pm .79	12.32 \pm .91	10.19 \pm 1.35	9.69 \pm .80	9.86 \pm .93	9.52 \pm 1.35	1.93	.17	1.20	.28	.62	.43
95% CI	9.69-12.82	10.51-14.12	7.49-12.90	8.10-11.28	8.00-11.72	6.81-12.22						
Total Problems	23.65 \pm 1.87	28.29 \pm 2.57	19.00 \pm 2.68	35.19 \pm 1.89	38.64 \pm 2.64	31.74 \pm 2.68	18.90	<.001	9.29	.003 ^g	.20	.65
95% CI	19.95-27.34	23.17-33.41	13.64-24.37	31.45-38.93	33.38-43.90	26.38-37.11						

^a High scores reflect healthy adjustment; ^b High scores reflect poor adjustment; ^c Girls: $M(SE) = 5.26(.41)$, 95% CI = 4.45 – 6.06, Boys: $M(SE) = 2.81(.44)$, 95% CI = 1.93 – 3.69; ^d Girls: $M(SE) = 3.82(.30)$, 95% CI = 3.21 – 4.42, Boys: $M(SE) = 1.57(.33)$, 95% CI = .91 – 2.22; ^e Girls: $M(SE) = 3.66(.30)$, 95% CI = 3.06 – 4.26, Boys: $M(SE) = 2.42(.33)$, 95% CI = 1.77 – 3.07; ^f Girls: $M(SE) = 12.15(.78)$, 95% CI = 10.62 – 13.68, Boys: $M(SE) = 7.00(.85)$, 95% CI = 5.33 – 8.67; ^g Girls: $M(SE) = 33.46(1.79)$, 95% CI = 29.92 – 37.01, Boys: $M(SE) = 25.37(1.96)$, 95% CI = 21.50 – 29.25.

Table 6.3 Correlations between experienced stigmatization and the Youth Self-Report social scales, syndrome scales, and broad-band scales in DLLFS sample.

Variable	Reported Stigmatization	
	Pearsons Correlation	<i>P</i> value*
Competence Scales^a		
Activities	-.072	.555
Social	.008	.946
School/academic	-.094	.441
Total Competence	-.034	.778
Syndrome Scales^b		
Anxious/Depressed	.167	.165
Withdrawn/Depressed	.160	.184
Somatic Complaints	.209	.080
Social Problems	.362	.002
Thought Problems	.189	.115
Attention Problems	.300	.011
Rule Breaking Behavior	.373	.001
Aggressive Behavior	.378	.001
Broadband Scales^b		
Internalizing	.216	.070
Externalizing	.361	.002
Total Problems	.349	.003

* Statistical significance was set at $p < .004$

^a Activities: $n = 70$, Social: $n = 71$, School/academic: $n = 70$; total competence: $n = 71$

^b For each subscale: $n = 71$

6.4 Discussion

Only a few studies (Bos & Gartrell, 2011; Bos & Gartrell, 2010; Gartrell & Bos, 2010; Goldberg et al., 2011; Goldberg et al., 2011; Van Gelderen et al., 2012; Van Gelderen et al., 2012) have focused on the psychological adjustment of adolescents in planned lesbian families, and none has analyzed data from the instrument most commonly utilized to obtain information about psychological health problems—The Achenbach Youth Self-Report. Our findings from the current longitudinal study reveal that adolescent girls and boys reared in Dutch same-sex-parent families indicated fewer behavioral problems and similar competence skills as adolescents in heterosexual-parent families. Furthermore, social problems, rule-breaking behavior, aggressive behavior, externalizing behavior, and total problem behavior were found to be related to self-reported experiences of stigmatization.

One possible explanation for the finding that adolescents in lesbian families have less problem behavior concerns parenting effects on adolescent psychological adjustment. Data from T1 of the DLLFS (mean age of the offspring: 5.8 years old) showed that the lesbian co-mothers exhibited higher levels of support (e.g., more emotional involvement and parental

concern) and lower levels of control (less power assertion and limit-setting, along with more respect for the child's autonomy) than the heterosexual fathers (Bos et al., 2007). A British study (Golombok & Badger, 2010) found that mothers in mother-headed households (including lesbian and solo mothers) were more emotionally involved with their young adult children than mothers in mother-father families. More effective and committed child-rearing styles are associated with fewer behavioral problems during adolescence, regardless of family type (Aquilino & Supple, 2001).

Our within-group analyses showed that stigmatization was related to social problems, rule breaking behavior, aggressive behavior, externalizing problem behavior, and total problem behavior. This was the first study to investigate the relation between experienced stigmatization and the psychological adjustment of adolescent offspring of lesbian mothers in the Netherlands. However, an American study also found a relation between mother reports of their adolescents' experiences of stigmatization and psychological adjustment: NLLFS offspring who had been stigmatized showed significantly more internalizing and total problem behavior (Gartrell & Bos, 2010). Other studies on the relation between psychological health problems, life satisfaction, and stigmatization of adolescents with lesbian parents also found significant effects (Bos & Gartrell, 2010; Van Gelderen et al., 2012). Because of these associations between stigmatization and psychological well-being, same-sex parents should be advised to prepare their children for the prospect of discrimination by teaching them effective responses to hostile comments and behavior. Routine health assessments should include questions about stigmatization so that clinicians can recommend support services for those who have been targeted. Schools can also play an important role by educating students and faculty about the existence of different family forms and by setting out clear rules and expectations that prohibit bullying (Sandfort et al., 2010).

The limitations of this study merit attention. The lesbian-headed families were recruited by means of self-selection. However, a previous report found that there were no differences between the planned lesbian mothers in the DLLFS and lesbian women in a large-scale study on sexual behavior in the Netherlands: Lesbian women in both studies tended to be relative high educated and to live in urban areas (Bos et al., 2007). In addition, the DLLFS participants were living in various regions of the Netherlands, while all the Z-HLS participants lived in the province of Zuid-Holland. An earlier study found that there were no differences in problem scores of children from the province of Zuid-Holland versus children from other areas in the Netherlands (Tick et al., 2008). However, we cannot entirely rule out the possibility of regional differences affecting our findings. In addition, there was a difference in the time of data collection: The DLLFS data were collected in 2011, the Z-HLS data in 2003.

Our study had some notable strengths as well. The adolescents were matched 1:1 on gender, age, parental ethnicity, parental education (highest degree held by the parents), and parental relationship status, which made it possible to detect differences in psychological adjustment after controlling for the effect of such background variables. The observed differences in psychological adjustment between adolescents in lesbian-headed families and those in heterosexual-parented families can therefore not be attributed to these demographics. In addition, this was the first study to use the YSR to assess psychological adjustment.

Previous studies on adolescent psychological adjustment have found few differences between American and British offspring in lesbian-headed families and their counterparts with heterosexual parents (Gartrell & Bos, 2010; Goldberg et al., 2011; Golombok & Badger, 2010; Van Gelderen et al., 2012; Van Gelderen et al., 2012). The American and British results have now been replicated in another country. Our results indicate that even though homophobic stigmatization is associated with more problem behavior, as a group, Dutch adolescents with lesbian parents demonstrate similar competencies and fewer behavioral problems on self-reported measures of psychological adjustment than their counterparts in heterosexual-parent families.